



# DukeMedicine

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

## Adult Proxy for Incapacitated Adult

**Duke\* MyChart Access Request** (Last revised 8-30-16)

This form should be completed by a person ("Proxy") who Duke determines to have medical decision-making power under NC law for patient identified below and has requested access to portions of the patient's electronic protected health information (ePHI) maintained through Duke MyChart. Since the patient has been determined by their physician to be incapacitated, the patient will not have his/her own Duke MyChart account.

### Patient Information:

Patient Name: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last 4 SSN: \_\_\_\_\_

### Proxy Information:

Proxy Name: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last 4 SSN: \_\_\_\_\_

**My Relationship to the patient is as follows:**

\_\_\_ **Legal Guardian of the Patient** – Proxy must attach a copy of the Court Order Appointing Guardian and Letters of Guardianship verifying the Proxy's status as legal guardian of the patient.

\_\_\_ **Activated Durable Power of Attorney for Healthcare (DPOA)** – Proxy must attach a copy of the valid Durable Power of Attorney for Healthcare and Physician Certification verifying the patient lacks decisional capacity.

\_\_\_ **Activated Attorney in Fact** – Proxy must attach a copy of valid Attorney in Fact with executed powers to make health care decisions for the patient & an affidavit of patient's incapacity.

\_\_\_ **Spouse**

**By signing below, I acknowledge and agree that:**

- I will be using my Duke MyChart proxy account to access only the above-referenced patient's ePHI.
- I will comply with the Terms and Conditions for Duke MyChart
- The above-referenced documentation authorizes me to act as the personal representative for this patient, thereby allowing me access to his/her ePHI through Duke MyChart.
- I have provided a picture ID and the above-referenced documentation.
- When my legal relationship with the patient has been change in any way, I must immediately cease use of Duke MyChart and notify Duke in writing by calling Duke Medicine Health Information Management at 919-384-7119 or writing to DUHS Health Information Management, Box 3016, Durham, NC 27710.
- If my legal authority arises out of DPOA or approved as Attorney in Fact has not changed in any way my access to the patient's ePHI through Duke MyChart will automatically expire one year from the date the Proxy relationship is created. I will then need to complete this form again to obtain access for another year.

\_\_\_\_\_  
**Proxy Signature**

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date

\*All references herein to "Duke" shall refer to Duke University Health System, Inc., Duke University and any and all of its controlled affiliates, including without limitation Duke University Affiliated Physicians, Inc., d/b/a Duke Primary Care and Associated Health Services, Inc. and Private Diagnostic Clinic, PLLC and any and all of its controlled affiliates including without limitation Regional Anesthesia, PLLC and Regional Psychiatry, PLLC.

COMPLETED FORM should be returned to:

**DUHS Health Information Management.**

E-mail at: [ROI-Requestor3@dm.duke.edu](mailto:ROI-Requestor3@dm.duke.edu)

Standard mail at: DUMC 3016  
Durham NC 27710

Fax at: 919-384-7148